



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Dennis Medley

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Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$75382143
Outpatient Patient Service Revenue	\$214549176
Total Gross Patient Service Revenue	\$289931319

2. Deductions From Revenue

Contractual Allowance	\$230495927
Other Deductions	\$0
Total Deductions	\$230495927

3. Total Operating Revenue

Net Patient Service Revenue	\$59435392
Other Operating Revenue	\$0
Total Operating Revenue	\$59435392

4. Operating Expenses

Salaries and Wages	\$11900781	Employee Benefits	\$2691093
Depreciation and Amortization	\$1303559	Interest Expense	\$102162
Bad Debt	\$4916558	Other Expenses	\$30524140
Total Operating Expenses	\$51438293		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7997149	Total Assets	\$28699313
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$15353184

Total Net Gains	\$7997149
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$64074821	\$49787120	\$14287701
Medicaid	\$71902967	\$49787120	\$22115847
Other Government	\$2609382	\$2074463	\$534919
Other State	\$0	\$0	\$0
Other Payers	\$151344149	\$128847224	\$22496925
Total	\$289931319	\$230495927	\$59435392

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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